## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 08, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUI	MENT # P010001182			Secrei	tary of State	
HELMSM	AN YACHT CO.					
Principal Place of Business Mailing Address						
13351-G S.W. 88TH TERRACE MIAMI, FL 33186		13351-G S.W. 88TH TERRACE MIAMI, FL 33186				
		<u> </u>	<u>,</u>			
DO NOT WRITE IN THIS SPA			CE	07012004	No Chg-P	CR2E034 (10/03)
_				4. FEI Numb 04-363		Applied For Not Applicable
			<u> </u>	5. Certificate	of Status Desired	S8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current R	egistered Agent				
KATZ, GLORIA 13351-G S.W. 88TH TERRACE				DO	NOT W	RITE
MIAMI, FL 33186					THIS SP	
]				11.4	iilio or	ACL
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar with, and accep
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent				J when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Finar     Trust Fund Contribution.			In accordance v corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice.
10.	OFFICERS AND D	IRECTORS			<u> </u>	<del></del>
TITLE NAME	D KATZ, GLORIA					
STREET ADDRESS	13351-G S.W. 88TH TERRACE	•				
CITY ST-ZIP	MIAMI, FL 33186		1		ີ້ ກົດດ້ວິດດ	)164262 -80001-022 150.00
TITLE NAME	D AMOROSO, RALPH				U7/U8/U4-	80001-022 150.00
STREET ADDRESS	13351-G S.W. 88TH TERRACE		l			
CITY-ST-ZIP	MIAMI, FL 33186	· · · · · · · · · · · · · · · · · · ·	1			
NAME			1			
STREET ADDRESS			1	no	NOT W	DITE
TITLE		<u></u>	4		•	
NAME				IN	THIS SF	ACE
STREET ADDRESS City-St-Zip			l			
TITLE			-			
NAME			]			
STREET ADDRESS CITY-ST-ZIP			1			
TITLE		<u> </u>	1			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Offiapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like approvered.

SIGNATURE: 4

NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

7-6-04

305-382-9718